
**Bexar County Commissioners Court
Mental Health Consortium
Strategic Planning Sessions**

What must we do over the next 3 years to create a seamless, integrated system of care and a safety net for the mentally ill having multiple points of entry; coordinated programs, providers & services; and sufficient community resources to prevent relapse?

Planning Sessions: July 14, August 4,11, & 18, 2011

Implementation Plan Development Sessions: September 21 & 26, 2011

Facilitator: Mary Flanagan, Management Solutions Group, LLC

WHAT ARE THE GAPS IN THE MENTAL HEALTH CARE SYSTEM IN BEXAR COI

Insurance Coverage Issues	Mental Health Workforce Issues	Community Resources Availability	Service Coordination Issues	Multiple populations with Mental Health Needs	
<ul style="list-style-type: none"> ▶ We have no process in place to ensure that patients who have coverage are able to keep that funding after incarceration or other events. ▶ Individuals without Tx. Dept. of Corrections convictions have no funding for services 	<ul style="list-style-type: none"> ▶ Professionals trained in Bexar County don't stay here (e.g. Social Workers, MDs, other therapists, etc) Sustainability & workforce pipeline development issues. ▶ Not enough Psychiatrists or therapists -- have we thought about loan forgiveness programs to keep mental health professionals from establishing careers in other cities? ▶ We have insufficient capacity ▶ Long wait lists for mental health therapy: ▶ Psychiatrists, other therapists ▶ We're not tapping into local Schools of Social Work 	<ul style="list-style-type: none"> ▶ Access to alternative programs ▶ San Antonio is the 8th largest SMSA -- we have no crisis stabilization or acute care unit for mental health ▶ Residential options ▶ Expanded backdoor services: Guardianship, IOP, Transitional services, Step down supports ▶ Transportation ▶ Not enough resources - particularly for indigent outpatient 	<ul style="list-style-type: none"> ▶ From hospital ER or inpatient setting to outpatient - - making connection to MD psychiatrist or community MH therapist ▶ Poor integration with primary care ▶ We have no "disease" case managers -- works in other communities -- coordinates care community wide ▶ Agencies not sharing information or collaborating ▶ We don't have a centralized data base that allows us to communicate across systems 	<ul style="list-style-type: none"> ▶ Problem identifying veterans -- making sure they get referred to VA ▶ Recognition that families are a key to recovery -- system is not family friendly ▶ Bexar County's low per capita income ▶ Bexar County's low income demographics result in higher ER use ▶ Bexar County is an urban area attracting people from rural areas without mental health services. ▶ additional burden ▶ Texas' demography is moving towards two key populations, the young, and the old -- implications for the mental health system ▶ 17 year olds are a part of the adult system when it comes to the justice system, yet, they are still juveniles when it comes to access to other services. 	<p>to service providers, funders and partners.</p>

HOPES & EXPECTATIONS FOR PLANNING PROCESS

- ▶ That we don't forget kids in the process
- ▶ We be the voice for the uninsured
- ▶ Create a state model
- ▶ Create really good measurements - benchmarks
- ▶ Create a model that includes ways to adapt to change
- ▶ Long term sustainability
- ▶ Remember the consumer family's voice
- ▶ Promote a community of care
- ▶ Utilize as our focus a harm reduction model -- fewer victims
- ▶ Focus on cost benefit analysis
- ▶ Access to services for all
- ▶ Model to bring young talent into our MH care system

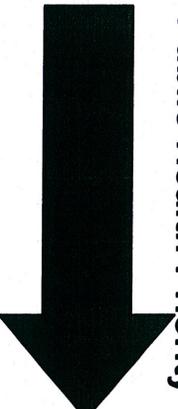
PRACTICAL VISION: What do we want to see in place in 3 years as a result of our actions?

<p>Client Rights are recognized & honored</p>	<p>Integrated, multidisciplinary training system</p>	<p>Community-based restorative justice</p>	<p>Information sharing system</p>	<p>Immediate access to emergency mental health & substance abuse services</p>	<p>Patient-centered health home for all</p>	<p>Multidisciplinary infrastructure to coordinate & sustain behavioral health system</p>	<p>Adequate, coordinated support services</p>
<ul style="list-style-type: none"> ▪ Client rights are recognized & honored 	<ul style="list-style-type: none"> ▪ A centralized multidisciplinary training system ▪ Scholarships for mental health care provider students to feed pipeline -- double/triple # of providers ▪ Involvement in public schools 	<ul style="list-style-type: none"> ▪ Legal triage: Identify, assess, refer ▪ MH restorative component ▪ Non-judicial processes ▪ guardianships (Polly/ Oscar) ▪ Escrow account for nonpayment of court fees (Polly/ Oscar) 	<ul style="list-style-type: none"> ▪ Centralized data base ▪ Topographical map of entry points overlaid by geographical map & pop utilization rates ▪ System of data sharing (public/ private info) monitored by statisticians/ stake holders ▪ 911 for mental health with case management ▪ Information sharing system ▪ Accessible, evidence-based centralized, technology-enhanced, behavioral HC system, across settings & populations 	<ul style="list-style-type: none"> ▪ Crisis stabilization unit open to the community ▪ Central 24/7 psych walk in site ▪ Dedicated children's psych ER ▪ All providers are access point to a coordinated system ▪ Increased night & weekend care/ intervention: psych/ MH NPs, other HCP & police ▪ 24/7 access to substance abuse treatment ▪ One location to take broad pop categories for immediate treatment & plan for follow up ▪ Rapid access clinics w/in 24 hrs ▪ Better knowledge of services & access 	<ul style="list-style-type: none"> ▪ Medical home w/ behavioral services ▪ Psych home health care ▪ Increase out-patient svcs & case management to eliminate ER visits ▪ Subs D/O & MH integration of assessment and treatment ▪ System of continual care ▪ Access to care within 2 weeks (currently 2-3 mos) ▪ Outpatient management & care for all ▪ Entry point outside of jail/ judicial (Center for Health Care, La Paz, Schools ▪ Sufficient outpatient services for all ▪ Integration of MH services into primary care 	<ul style="list-style-type: none"> ▪ Exec. strategic planning group w/ authority to leverage funding ▪ Enlightened leadership & understanding of mental health issues ▪ Pot of gold: healthcare reform?? ▪ Metric based funding - all (measurement) ▪ Creation of model: replicable, documented, data, include all partners/ military 	<ul style="list-style-type: none"> ▪ Employment linked to MH resource utilization ▪ Adequate housing ▪ Support services - transportation ▪ Vocational training - employment

UNDERLYING CONTRADICTIONS: *What is blocking us from moving toward our vision?*

<p>Public fear & ignorance paralyzes</p>	<p>Professional silos keep us from understanding each other & working together</p>	<p>Knee jerk reactions keep us reactive, not proactive</p>	<p>Confusing regulations & laws inhibit coordinated & standardized protocols</p>	<p>Pressures for efficiency keep us internally focused</p>	<p>Hard work, low pay, client profile & professional disrespect limits workforce pipeline development</p>	<p>Political will prevents proper allocation of resources</p>	<p>Misaligned 3rd party reimbursement blocks comprehensive care</p>	<p>South TX poverty stresses all resources</p>	<p>Proprietary, expensive data systems prevent information sharing</p>
<ul style="list-style-type: none"> ▪ Stigma (barrier to mult. areas) ▪ Stigma ▪ Risks to local businesses, e.g. liability, safety ▪ Stigma "infantilizing" mentally ill ▪ Not "giltzy" enough to advertise services ▪ general public does not understand the impact of MH to community ▪ Poor public understanding of MH issues 	<ul style="list-style-type: none"> ▪ Understanding Restorative Justice concepts, principles, value ▪ Cross training (skills & roles) cultural competence ▪ Poor understanding of MH: (diff. systems) training ▪ Needs assess. training ▪ Coordinated protocols (moving parts) ▪ Bias "soft on crime" 	<ul style="list-style-type: none"> ▪ Disparate goals ▪ Crisis management mentality vs. prevention ▪ Conflicting priorities ▪ Eye on the prize (instt. memory goal) ▪ No overarching governing structure ▪ Minimal opp. for strategic planning in MH 	<ul style="list-style-type: none"> ▪ Confidentiality (HIPPA) blocks info across systems ▪ Need for integrated ethical/ legal guidelines in Bexar Co ▪ HIPPA: keeps family in the dark ▪ Misinformation on legal & reg issues ▪ Guidelines as to what info can/ should be shared 	<ul style="list-style-type: none"> ▪ Bureaucratic resistance (turfirm) ▪ Sustained organizational commitment to coordination w/o only lobbying ▪ Turf issues: no common language, professional silos, lack of trng & info ▪ Illusion that we are competing for the same piece of the pie 	<ul style="list-style-type: none"> ▪ Recruitment of providers (eco dev. like tools) ▪ Low reimbursement rates ▪ Professional commitment to MH community ▪ Dedicated personnel to identify specific resources 	<ul style="list-style-type: none"> ▪ Political will to prioritize MH ▪ Community & political ignorance ▪ Politicians go with public fear & emotions more than evidence 	<ul style="list-style-type: none"> ▪ Sufficient, appropriate access to crisis services ▪ Misaligned payment system ▪ Lower/ non reimbursement for trainees by insurance companies 	<ul style="list-style-type: none"> ▪ Language barriers ▪ Fear of being overwhelmed 	<ul style="list-style-type: none"> ▪ Incompatible systems (data)

STRATEGIC DIRECTIONS: What innovative, substantial actions will deal with the underlying contradictions and move us toward our vision?

<ul style="list-style-type: none"> ▶ Create IT work group to ID data elements to share & analytical capability ▶ IT warehouse HASA expand to psychiatric ▶ Agree to share, fund & manage central repository data center ▶ Require standard data output (interchange) ▶ ID WHAT info needs to be shared (consensus of stakeholders) ▶ ID legal, institt., policy, & practical barriers to sharing info ▶ Appoint work groups to problems/ barriers identified ▶ Present solutions proposals to Exec. Group/MHC 	<p>Share & Analyze Data</p> <ul style="list-style-type: none"> ▶ Issue annual report card on our progress - annual retreat ▶ Explicitly state poverty effects in the mission ▶ Enhance committee knowledge on MH issues & laws/ serv via websites ▶ Coordination of overlapping services is essential for effective MH care - Care managers ▶ Cross disciplinary team (legal/ clinical) to standardize protocols and training 	<p>Plan & Coordinate As a Community</p> 
<ul style="list-style-type: none"> ▶ Create media campaign World Health Org: <i>There is no health without mental health</i> ▶ Establish a "talking head" PSA w/ role models ▶ Feature psych role models who are successful ▶ Use/ adopt a motto with public education campaign ▶ Make MH issues politically, economically, morally "sexy" or imperative, i.e., tailor to audience ▶ Develop a public education series for schools, community groups, etc. 	<p>Facilitate Training, Recruitment & Retention of Mental Health Professionals</p> <ul style="list-style-type: none"> ▶ Career incentives including underserved area designation for loan repayment ▶ Collaborate with various schools (high school on) for rotations, internships, scholarships in public MH Med. & prof. schools to support behavioral health care ▶ Promote internships in MH at schools, hospitals -- in the entire system 	<p>Make Mental Health a Public Health Priority</p> 
<ul style="list-style-type: none"> ▶ Develop coordinated approach to leveraging grants ▶ Propose to insurance companies move inpatient payments to community payments ▶ ID, combine or coordinate allocation of ALL resource streams: e.g. Federal, state, county, nonprofit, research, etc. (Univ. student project) ▶ Changing the RFP/funding process so every part of continuum is covered ▶ Invite insurance/ 3rd party panelists to meetings to educate/ persuade ▶ ID & develop new funding that is sustainable 	<p>Raise Public Awareness</p> <p>Create Financial Sustainability</p>	<p>Prioritize Funding & Workforce Development</p> 
<ul style="list-style-type: none"> ▶ Re-focus our efforts & discussion to crisis management CSU ▶ Develop a firm & clear & fair distribution of charity care/bed ▶ 2-week, acute beds 	<p>Ensure Community Services</p> <ul style="list-style-type: none"> ▶ Develop early childhood mental health screening ▶ Provide comprehensive wraparound services 	<p>Ensure a Coordinated System of Care</p> 

2014 SUCCESS INDICATORS: What are we aiming for? How will we know when we get there?

Strategic Direction	Success Indicators	Task Group to Move This Forward
<p>Plan & Coordinate As a Community</p> 	<ul style="list-style-type: none"> ▶ Annual Mental Health Data Report ▶ Formation of a 501c3 collaborative mental health board ▶ Governance board must be professional, not political ▶ High Utilizer Case Management Program 	<p>Eiva Cardenas Laura Cole Charlene Doria-Ortiz Aurora Sanchez Dr. Desi Vasquez Liza Jensen</p>
<p>Make Mental Health a Public Health Priority</p> 	<ul style="list-style-type: none"> ▶ Develop area brand-promise ▶ 501c4 - membership group that coordinates funds & lobbying efforts ▶ ID media partners & champions ▶ Public service announcements - campaigns ▶ Faith-based community is engaged & involved 	<p>Mark Carmona Fred Hines Mary H. Lopez Dr. Desi Vasquez Judge John Specia</p>
<p>Prioritize Funding & Workforce Development</p> 	<ul style="list-style-type: none"> ▶ Full continuum of timely outpatient services are available to all who desire/ need them ▶ Community MH track graduates want to stay in the region ▶ Foundation to support MH professional education for Bexar County ▶ Community MH tracks available in all higher education institutions as well as employment & training programs ▶ Funding is outcome based 	<p>Charlie Boone Debra Jordan Sherry Martinez Carnis Milam</p>
<p>Ensure a Coordinated System of Care</p> 	<ul style="list-style-type: none"> ▶ 3 Components: <ol style="list-style-type: none"> 1. Early Intervention & education 2. Acute care 3. Outpatient ▶ Accessibility of outpatient psychiatric services within 7 days ▶ Increased jail diversion to crisis care ▶ Decreased ER & inpatient stays/ visits ▶ Delivery of MH education & screening at schools in Bexar County ▶ Increased movement from specialized care to primary care 	<p>Ned Bandoske Liza Jensen Judge Oscar Kazen Mike Lozito Jeanie Paradise Rose Rodriguez Judge Polly Jackson Spencer Sally Taylor Judge Mike Ugarte Dan Thomas</p>

NEXT STEPS. . .

- ▶ **Task groups** convene for each of the **4 Strategic Directions**
 - Identify who else needs to be on the task groups
 - **Develop action plans** - include quick wins - complete during **September, 2011**
 - Identify resources to support committee work
 - Denise Bennett will provide staff coordination for all task groups, and share information to prevent duplication or needless efforts
- ▶ All task groups reconvene in **October to review & coordinate action plans**
- ▶ **Focus groups with end users** will also be conducted during **September** to learn about firsthand experience with the Bexar County MH service delivery system
 - Sample questions for focus groups: What led to need for services? What services were utilized? What worked well? Not so well? What resulted after utilization of services? What did the individual learn from the experience? What would you recommend to make it work better?

Participants in Planning Sessions	7/14	8/4	8/11	8/18
Scott Ackerson	x	x		
Robert Arizpe	x		x	
Ned Bandoske		x		x
Denise Bennett	x	x	x	x
Kym Bolado	x	x	x	
Charlie Boone		x	x	x
Elva Cardenas	x	x		x
Mark Carmona	x	x	x	x
Eduardo Carrasco			x	
Audrey Cavazos				
Laura Cole	x	x	x	x
John Cortinez (in place of Mary Jo Rodriguez)		x		
Theresa De la Haya				
John Diaz	x	x	x	
Charlene Doria-Ortiz	x	x	x	x
Leon Evans				
Sergeant Roy Fletcher	x	x	x	x
Mary Garcia			x	
Vicente Garcia			x	
Dr. Michael Gilbert	x	x	x	x
Ernesto Gomez, PhD	x	x		
Sylvia Gregoire	x	x		
Harry Griffin	x	x		
Thomas Guevara	x			
Phil Hickmon	x			
Fred Hines	x	x	x	x
Liza Jensen	x	x		x
Debra Jordan	x	x	x	x
MK Kahrhoff	x	x		
William Kasberg				
Judge Oscar Kazen	x		x	x
Richard Keith	x	x		
Pita Kresh	x	x	x	x
Mary Helen Lopez	x		x	x
Sgt. Ramona Lopez	x	x	x	
Mike Lozito	x	x	x	x
Sherry Martinez				x
Peter McGraw			x	
Chief William McManus				
Rep. Jose Menendez	x			
Susan Mercado			x	
Dr. Anamari Camis Milam	x	x	x	x
Seth Mitchell	x			
Dr. Julie Novak		x		
Dr. Bob Novak		x		
Pilar Oates			x	x
Sheriff Amadeo Ortiz	x			

Participants in Planning Sessions	7/14	8/4	8/11	8/18
Janet Paleo				
Jeanie Paradise	X	X		X
Nancy Ray		X	X	X
Linda Rivas	X			
Judge Scott Roberts	X			
Mary Jo Rodriguez	X		X	
Rose Rodriguez		X	X	X
Aurora Sanchez	X	X	X	X
Theresa Scepanski	X		X	
David Siegel	X	X		
Joseph Smarro		X		
Judge John J. Specia		X		X
Judge Polly Jackson Spencer	X		X	X
Michelle Starr-Salazar		X	X	
Ernest Stevens		X		
JoAnne Sundin		X		X
Nancy Taguacta	X	X		
Sally Taylor, MD	X	X	X	X
Dan Thomas	X			X
Judge Mike Ugarte	X	X	X	X
Sen. Leticia Van De Putte	X			
Dr. Desi Vasquez	X	X	X	X
Debra Ward		X		
Ruby Webb	X			
Andy Williams	X	X	X	
Judge Nelson Wolff	X			

Bexar County Commissioners' Court Mental Health Consortium Implementation Planning Session

September 21, 2011, Vista Verde Building, 8:30am - 11:30am

Participants: Rachel Ballard, Elva Cardenas, Patsy Cheyney, Laura Cole, Charlene Doria-Ortiz, Sergio Farrell, Jerry Fulenwider, Mary Garcia, Vicente Garcia, Liza Jensen, Aurora Sanchez, Nancy Taguacta, Sally Taylor

Facilitator: Mary Flanagan, Management Solutions Group, LLC

What will we accomplish by June 30, 2012?

<p>Create a framework for a broad-based mental health coordinating planning structure with authority & power for Bexar County</p> <ul style="list-style-type: none"> • Have a developed board demographic matrix • Develop board makeup for community-wide strategic planning, & framework for oversight of Behavioral Health system • Review different models - consumer, community driven (e.g. head start) • Complete the mission, vision and goals of a Mental Health Board • Community Driven • Community & professionals must be equal partners • Move from punitive to healing models 	<p>Define data to share</p>	
	<p>Define community indicators to share. Standardize data collection across systems</p> <ul style="list-style-type: none"> • Have drafted a pilot project for frequent utilizers case management program that cuts across agencies (funding, who they report to, etc) • Cost benefit analysis • Have identified data elements (eg. volume, cost, etc., by 6/30/12) • Need organized effort to transfer medical records & info & to request every patient to execute HIPPA release • Develop statistics that support proper allocation of resources. • What type of information would be gathered on a mental health data report. Data sets. 	<p>Define client/patient indicators to share. Investigate data sharing compatibility across systems</p>
	<p>Data issues to consider from "Ensure Coordinated System of Care"</p> <ul style="list-style-type: none"> • Have baseline data measures so we will have something to measure after changes are implemented (ER visits, inpatient, outpatient,) • Data sharing -- Clinical level & aggregate level 	



Implementation Worksheet

Strategic Issue: Plan & Coordinate as a Community	Success Indicator/s (where): What is our 2014 end point - outcome? <ul style="list-style-type: none"> ▶ Annual mental health data report ▶ Formation of 501c3 collaborative mental health board <input checked="" type="checkbox"/> ▶ Governance board must be professional, not political <input type="checkbox"/> ▶ High utilizer case management program <input checked="" type="checkbox"/> 	
June 30, 2012 goal (what): What will we accomplish this year that will make the biggest difference? (SMART) <i>Create a framework for a broad based Mental Health Coordinating Planning Structure with Authority and Power for Bexar County</i>	December 31, 2011 milestone: What will we accomplish by the end of 2011? <ul style="list-style-type: none"> • Health Collaborative review governance models (Charlene) • Revisit the Mental Health Authority/Provider Split (Laura Cole) 	End date: 6/30/12
Intent (why): How does this fit in with our broader goals?		
Implementation (how): What must we do to make this happen? <ol style="list-style-type: none"> 1. GEO coding of School Districts with the highest rates of mental illness of students or parents and invite those districts to join our group 2. Review governance models in Texas and Nation –wide (to include the local Mental Health Authority) and share with stakeholders 3. Review “Best Practices” and hold focus groups with implementation group 4. Include faith community in our effort and hold focus group with them to gain buy-in 	Person Accountable Lisa Charlene Denise/ Denise/Aurora	By When 10/31/11 12/31/11 10/31/11
Collaborators or Partners: Consumer(s), local Government (Bexar County Commissioners Court &, City Council, Bexar Delegation , Jail Administration (Roger Dovalina) School Districts Child Protective Services, Surrounding Counties (Atascosa, Bandera, Comal, Guadalupe, Kerr, Medina and Wilson) Greg Lockhart, SASH. Congregation of Churches and Ecumenical Center.	Team members: Aurora Sanchez, Charlene Doria-Ortiz, Patsy Cheyney, Jerry, Mary Garcia, Vicente Garcia, Elva Cardenas, Laura Cole and Nancy Taguacta	
Other Considerations: Review various governance models and share that information with the interested groups (Criminal Justice, Jail, Elected Officials, Mental Health Authority, Hospitals etc...) in a focus group setting. Gain buy-in from these groups on a model that would work in Bexar County.		
Next Steps:		

Implementation Worksheet

Strategic Issue: Plan & Coordinate as a Community	Success Indicator/s (where): What is our 2014 end point - outcome? <ul style="list-style-type: none"> ▶ Annual mental health data report ▶ Formation of 501c3 collaborative mental health board ▶ Governance board must be professional, not political ▶ High utilizer case management program 	
June 30, 2012 goal (what): What will we accomplish this year that will make the biggest difference? (SMART) <i>Develop a pilot project for grant submission for frequent utilizers' case management program that cuts across agencies (funding, who they report to, etc)</i>	December 31, 2011 milestone: What will we accomplish by the end of 2011? <ul style="list-style-type: none"> • Finalize patient data • Creation of a stakeholder group 	End date: 6/30/12
Intent (why): How does this fit in with our broader goals? Maximize community resources		
Implementation (how): What must we do to make this happen?		
1. Conduct literature review	Person Accountable Liza	By When
2. Define HU parameters	Liza & Sally	
3. Resolve info sharing & barriers	Sergio	
4. Identify hospitals, jail, HU pts		
5. Draft pilot project		
6. Create a treatment stakeholder group		
Collaborators or Partners: CHCS, hospitals, HASA, NAMI, outpt	Team Members: Rachel Ballard, Sally Taylor, Sergio Farrell, Liza Jensen	
Other Considerations:		
Next Steps:		

Implementation Worksheet

Strategic Issue: Plan & Coordinate as a Community		Success Indicator/s (where): What is our 2014 end point - outcome? <ul style="list-style-type: none"> ▶ Annual mental health data report ▶ Formation of 501c3 collaborative mental health board ▶ Governance board must be professional, not political ▶ High utilizer case management program
June 30, 2012 goal (what): What will we accomplish this year that will make the biggest difference? (SMART) <i>Develop aggregate data elements, including cost & resource utilization in Bexar County.</i>		December 31, 2011 milestone: What will we accomplish by the end of 2011? Identify partners/ stakeholders & meet/ contact by email for developing data elements
Intent (why): How does this fit in with our broader goals? To identify gaps, costs, and get greater community involvement.	Educate governance board	End date: 6/30/12
Implementation (how): What must we do to make this happen?		
1. Draft list of stakeholders & send out to assess completeness		Person Accountable Rachel Ballard
2. Ask stakeholders for their current data elements		
3. Develop list of data elements & assess for completeness		Liza Jensen/ Sergio Farrell
4. Identify who will build & manage data base.		Aurora Sanchez
Collaborators or Partners: HASA, STRAC (hospitals), Community Resources, NAMI, CHCS & other providers, Criminal Justice		Team Members: Rachel Ballard, Sally Taylor, Sergio Farrell, Liza Jensen
Budget Needs: IT specialist from consortium for ongoing data management/ analyzing		
Next Steps: ID stakeholders & data elements		

Bexar County Commissioners' Court Mental Health Consortium Implementation Planning Session

September 26, 2011, UCCH/ Texas Diabetes Institute, 8:30am - 10:45am

Participants: Kym Bolado, Mark Carmona, Allen Castro, John Diaz, Maria Felix-Ortiz, Mary Garcia, Vicente Garcia, Fred Hines, Mary Lopez, Aurora Sanchez

Facilitator: Mary Flanagan, Management Solutions Group, LLC



What will we accomplish by June 30, 2012?

<p>Develop a brand promise brand & identify potential professional & funding resources.</p> <ul style="list-style-type: none"> • Create a slogan that works in English & Spanish -- focus group with pros • Have one public service announcement • Obtain commitment for "talking heads" • Invite our local luminaries that connect • 5 local celebrities for PSAs (i.e., Nelson Wolff) • Community involvement in suggesting brand & promise • Develop our "motto" by 1/12 • Consider Mental Illness as an economic development issue 	<p>Prepare a coordinated mental health legislative agenda.</p> <ul style="list-style-type: none"> • ID current legislative activity (groups) and tie into. ID structure for 1/1/13 • ID & structure lobbying effort - ready for 1/1/13/ session • Obtain commitments to create 501c4 (By Laws, Articles of Incorporation) • MHA/ NAM/ TX Council collaboration (legislative) • Meet with CEOs and educate them on goals of MHC (mayors, Co. Judge, Speaker, legislators) 	<p>Engage & convene faith-based community leaders to identify needs & assets & their connection to our practical vision.</p> <ul style="list-style-type: none"> • Invite/ convene faith based groups/ vets • Identify all faith-based groups for mobilization • Identify, schedule & mobilize inter faith group to put MH on their upcoming agenda & visit with them • Mental Health system collaborative (faith-based, hospital, MH provider, consumer) • Invite faith based designated partners by 11/11 	<p>Get resources for teacher & parent training on MH in all Bexar County schools</p> <ul style="list-style-type: none"> • Online CEU program development for teachers • Mandate MH education for school teachers
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Implementation Worksheet

Strategic Issue: Make Mental Health a Public Health Priority		Success Indicator/s (where): What is our 2014 end point - outcome? <ul style="list-style-type: none"> ▶ Develop area brand - promise ▶ 501c4 - membership group that coordinates funds & lobbying efforts ▶ ID media partners & champions ▶ Public service announcements - campaigns ▶ Faith-based community is engaged & involved 	
June 30, 2012 goal (what): What will we accomplish this year that will make the biggest difference? (SMART) <i>Develop a brand promise, Brand & identify potential professional & funding resources</i>		December 31, 2011 milestone: What will we accomplish by the end of 2011?	
Intent (why): How does this fit in with our broader goals?		End date: 6/30/12	
Implementation (how): What must we do to make this happen?			
1. Create a "holistic" slogan that supports a healthy community as its goal		Person Accountable MH Lopez, Aurora, John Kym	By When 6/30/12
2. Identify a group of diverse champions as our talking heads		Kym	6/30/12
3. Secure in kind media services		Kym & Aurora	6/30/12
4. Host a meet & greet with "champions"		Kym & Aurora	
5. Involve art/ music community in efforts			
Collaborators or Partners: Media experts (SAC, UIW, UTSA)		Team Members: Kym Bolado, John Diaz, Aurora Sanchez	
Other Considerations:			
Next Steps: Develop a marketing/ focus group			

Implementation Worksheet

Strategic Issue: **Make Mental Health a Public Health Priority**

Success Indicator/s (where): **What is our 2014 end point - outcome?**

- ▶ Develop area brand - promise
- ▶ 501c4 - membership group that coordinates funds & lobbying efforts
- ▶ ID media partners & champions
- ▶ Public service announcements - campaigns
- ▶ Faith-based community is engaged & involved

June 30, 2012 goal (what): **What will we accomplish this year that will make the biggest difference? (SMART)**
Prepare a coordinated mental health legislative agenda

December 31, 2011 milestone: **What will we accomplish by the end of 2011?**

Intent (why): **How does this fit in with our broader goals?**
 Helps position mental health as part of larger health care landscape with policy makers

Implementation (how): **What must we do to make this happen?**

	Person Accountable	By When	End date: 6/30/12
1. Identify & evaluate 3 - 4 lobbying organizational models	Mark/ Fred		
2. Identify current legislative efforts (NAMI, MHA, CHCS, Clarity, others)	"/"		
3. Identify all MH legislative players	"/"		
4. Recommend organizational structure and funding needed	"/"		
5. Convene stakeholders to legislative symposium -- ID & reach consensus on agenda	Judge Spencer	6/30/12	
6. With organizational structure in place & stakeholders identified, prepare for 1/1/13	New organization/ MC MH Legislative Task Force	6/30/12	

Collaborators or Partners:
 NAMI, Clarity, MHA, CHCS, BS or county, MH Task Force, Local Adult Probation office, Local legislative delegation

Team Members:
 Fred Hines, Mark Carmona

Budget Needs:
 Depending on org. structures, need for lobbyist & other ID infrastructure

Other Considerations:
 Outcome of health care reform; results of 2012 presidential election; projected revenue strategies for 2013 session

Next Steps:
 Begin research on organizational structures -- long term vision!

Implementation Worksheet

Strategic Issue: Make Mental Health a Public Health Priority		Success Indicator/s (where): What is our 2014 end point - outcome? ▶ Develop area brand - promise ▶ 501c4 - membership group that coordinates funds & lobbying efforts ▶ ID media partners & champions ▶ Public service announcements - campaigns ▶ Faith-based community is engaged & involved	
June 30, 2012 goal (what): What will we accomplish this year that will make the biggest difference? (SMART) <i>Engage & convene faith-based community leaders to ID needs & assets and connection to practical vision.</i>		December 31, 2011 milestone: What will we accomplish by the end of 2011?	
Intent (why): How does this fit in with our broader goals?		End date: 6/30/12	
Implementation (how): What must we do to make this happen?			
1. MH Consortium to ecumenical/ interfaith group presentation		Person Accountable Allen Castro	By When 12/31/11
2. MH Sermon day			
3. Leadership/ training/ refresher course			
4. What is it that you need?			
5. NAMI manuals - Pathways to Promise -- Jerry Fulenwider -- Pillars of Faith			
Collaborators or Partners:		Team Members: Allen Castro, Mary H. Lopez	
Other Considerations:			
Next Steps:			

Implementation Worksheet

Strategic Issue: Make Mental Health a Public Health Priority	Success Indicator/s (where): What is our 2014 end point - outcome? <ul style="list-style-type: none"> ▶ Develop area brand - promise ▶ 501c4 - membership group that coordinates funds & lobbying efforts ▶ ID media partners & champions ▶ Public service announcements - campaigns ▶ Faith-based community is engaged & involved 	
June 30, 2012 goal (what): What will we accomplish this year that will make the biggest difference? (SMART) <i>Get resources for teacher & parent training on MH in all Bexar County schools</i>	December 31, 2011 milestone: What will we accomplish by the end of 2011? Steps 1, 2, & 3	
Intent (why): How does this fit in with our broader goals? To mobilize the education community		End date: 6/30/12
Implementation (how): What must we do to make this happen?		Person Accountable
1. Identify existing CEU resources for MH at Region 20		Maria
2. Identify how superintendents coordinate with each other		Kym - NEISD contact
3. Ask NEISD to be model program/ pilot (and SAISD)		
4. Obtain incentives & awards (linked to brand) for principal & teacher participation		
5. Conduct a study of local teacher training programs to see how MH/ psych is included		Albert V?
6. Explore strategies for inclusive staff (e.g. lunch ladies, custodians, etc) training on MH		
7. Involve art & music teachers! Children's art competition (Inspire Fine Arts)		
Collaborators or Partners: Local higher ed (pres?); Reg. 20; NEISD & SAISD; Greehey/ Nustar	Team Members: Vicente Garcia & Maria Felix-Ortiz	Budget Needs: \$\$ for incentives; to fund study of teacher training; to buy current CEU program for teachers if it is not available
Other Considerations: Awards for teachers & principals should be brand-named; 3 day training thru 3X/yr in summer through CIT		
Next Steps: Working with Region 20 to see what's offered and how it's used		

Bexar County Commissioners' Court Mental Health Consortium Implementation Planning Session

September 26, 2011, UCCH/ Texas Diabetes Institute, 1:00pm - 3:30pm

Participants: Jerry Barucky, Charlie Boone, Ed Dickey, Debra Jordan, Pita Kresh, Sherry Martinez, Camis Milam, Patrick Newman, Eula Pines, Nancy Ray, Aurora Sanchez

Facilitator: Mary Flanagan, Management Solutions Group, LLC

What will we accomplish by June 30, 2012?

<p>ID current mental health (MH)/ substance abuse (SA) education/ training offerings available; ID needs for MH/SA education/ training; Plan for MH/SA curriculum development.</p>	<p>Develop a community-wide funding policy that is patient-centered and outcome based.</p>	<p>Generate \$1M unrestricted funds to support MH/SA education & training.</p>	<p>Influence the 1115 Waiver to include a high priority on the integration of behavioral health and primary care.</p>
<ul style="list-style-type: none"> Psychiatry CMH track curriculum is initiated at UTHSCSA Get education institutions & training to agree on community BH track or program Identify MH programs and graduates in Bexar County 	<ul style="list-style-type: none"> Develop a policy consensus/ paper to present to Payers that encourages/ demands healthcare purchases based on outcomes & priority on primary prevention & outpatient services Target \$\$\$. Tie \$\$ to the specific continuum of care Pursue private funding for specific support/ treatment services 	<ul style="list-style-type: none"> ID funding sources for providing MH education Partner with a corporate angel to create a "partner card" that raises money for clinical training (MH) sites Create a new foundation -- \$\$ & sustainability 	<ul style="list-style-type: none"> Influence 1115 waiver design to include a high priority on integration of Behavioral Health & Primary Care



Implementation Worksheet

Strategic Issue: Prioritize Funding & Workforce Development		Success Indicators (where): What is our 2014 end point - outcome? <ul style="list-style-type: none"> ▶ Full continuum of timely outpatient services are available to all who desire/ need them ▶ Community MH track graduates want to stay in the region ▶ Foundation to support MH professional education for Bexar County ▶ Community MH tracks available in all higher education institutions as well as employment & training programs ▶ Funding is outcome based 	
June 30, 2012 goal (what): What will we accomplish this year that will make the biggest difference? (SMART) <i>ID current MA/SA education & training offerings</i> <i>ID needs for MH/SA education & training</i> <i>Plan for MH/SA curriculum development</i>		December 31, 2011 milestone: What will we accomplish by the end of 2011? <ul style="list-style-type: none"> • ID current MA/SA education & training offerings • ID skills/ workforce shortages 	End date: 6/30/12
Intent (why): How does this fit in with our broader goals? Workforce shortages in MH providers is near crisis stage. MH skills gaps exist among healthcare providers most in contact with consumers (front line workers)			
Implementation (how): What must we do to make this happen?			
1. Contact educ. institutions to determine any bilingual programs for training MH/SA workers		Person Accountable Jerry	By When 30 Dec
2. Contact workforce sources & MH services providers to ID skills/ workforce shortages		Sherry & Patrick	30 Dec
3. Create an advisory committee of educational experts, workforce staff & provider reps to identify specific skill gaps at each occupational level			31 June
Collaborators or Partners: Public & private schools/ institutions WSA staff MH services providers MH agencies & organizations dealing with MH issues		Team Members: Jerry Barucky, Sherry Martinez, Patrick Newman	
Other Considerations:			
Next Steps:			

Implementation Worksheet

Strategic Issue:
Prioritize Funding & Workforce Development

Success Indicator/s (where): What is our 2014 end point - outcome?
 ▶ Full continuum of timely outpatient services are available to all who desire/ need them
 ▶ Community MH track graduates want to stay in the region
 ▶ Foundation to support MH professional education for Bexar County
 ▶ Community MH tracks available in all higher education institutions as well as employment & training programs
 ▶ Funding is outcome based

June 30, 2012 goal (what): What will we accomplish this year that will make the biggest difference? (SMART)
 Generate \$1M unrestricted funds to support MH education/ training.

December 31, 2011 milestone:
 What will we accomplish by the end of 2011?

Intent (why): How does this fit in with our broader goals?
 To improve patient access to MH services

End date: 6/30/12

Implementation (how): What must we do to make this happen?

	Person Accountable	By When
1. Develop strong statement of need for \$1M		
2. Engage Nelson Wolf and other community leaders to stand in support of MH initiatives, & spearhead campaign		
3. Engage these leaders in making significant gifts & soliciting additional major contributions from others		

Collaborators or Partners:
 Partner with business & philanthropy community who support MH initiatives

Team Members:
 Pita Kresh, Eula Pines, Ed Dickey

Other Considerations:

Next Steps:

Implementation Worksheet

Strategic Issue:

Prioritize Funding & Workforce Development

Success Indicator(s) (where): What is our 2014 end point - outcome?

- ▶ Full continuum of timely outpatient services are available to all who desire/ need them
- ▶ Community MH track graduates want to stay in the region
- ▶ Foundation to support MH professional education for Bexar County
- ▶ Community MH tracks available in all higher education institutions as well as employment & training programs
- ▶ Funding is outcome based

June 30, 2012 goal (what): What will we accomplish this year that will make the biggest difference? (SMART)
Develop a community wide funding policy that is patient centered and outcome based.

December 31, 2011 milestone:
What will we accomplish by the end of 2011?

Intent (why): How does this fit in with our broader goals?

End date: 6/30/12

Implementation (how): What must we do to make this happen?

1. Develop a system of care that is coordinated, patient centered & outcomes based
2. Policy adopted by Commissioners' Court, 1115 Waiver, & other funders
3. Appoint a gate keeper or coordinator who ensures that \$\$ flows to each portion of the system of care.

Person Accountable

Whole group

By When
31 Dec

Aurora

Comm. Court & other partners particular to their funding stream

Collaborators or Partners:

Methodist Healthcare Ministries, UHS, City Council, Comm. Court, CEOs of all hospital systems, UTHSC, & other universities & funders of employment & training services, the County Manager, Commercial payers

Team Members:

Nancy Ray, Aurora Sanchez

Other Considerations:

Commissioners' Court has to have a good understanding of their role as it relates to 1115 Waiver/ MH Authority, & Dispro funding.

Next Steps:

Implementation Worksheet

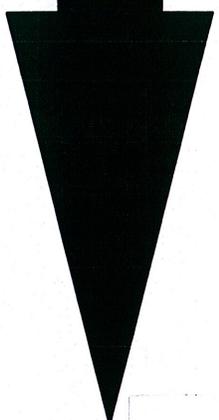
Strategic Issue: Prioritize Funding & Workforce Development		Success Indicator/s (where): What is our 2014 end point - outcome? <ul style="list-style-type: none"> ▶ Full continuum of timely outpatient services are available to all who desire/ need them ▶ Community MH track graduates want to stay in the region ▶ Foundation to support MH professional education for Bexar County ▶ Community MH tracks available in all higher education institutions as well as employment & training programs ▶ Funding is outcome based 						
June 30, 2012 goal (what): What will we accomplish this year that will make the biggest difference? (SMART) <i>Influence 1115 Waiver to include priority on behavioral health & primary care integration</i>		December 31, 2011 milestone: What will we accomplish by the end of 2011? <ul style="list-style-type: none"> • Develop recommendations for design implementation for Bexar region • ID decision makers & decision process 						
Intent (why): How does this fit in with our broader goals? Creates a sustainable model for access to primary prevention and outpatient care. Encourages practitioners to remain in the region.		End date: 6/30/12						
Implementation (how): What must we do to make this happen?								
1. Study group for Waiver design & implementation recommendations 2. ID the decision makers & process 3. Present & persuade 4. Reach out to other county collaborators	<table border="1"> <thead> <tr> <th>Person Accountable</th> <th>By When</th> </tr> </thead> <tbody> <tr> <td>Charlie Boone</td> <td>12/31</td> </tr> <tr> <td>Nancy Ray & Aurora Sanchez</td> <td>12/31</td> </tr> </tbody> </table>	Person Accountable	By When	Charlie Boone	12/31	Nancy Ray & Aurora Sanchez	12/31	
Person Accountable	By When							
Charlie Boone	12/31							
Nancy Ray & Aurora Sanchez	12/31							
Collaborators or Partners: UHS, Atascosa, Wilson, Kendall, Guadalupe, Comal & Bexar Counties; City Commissioners Courts & MHA (Bluebonnet; Hill Country, Camino Real); relevant state agencies; MHM		Team Members: Charlie Boone, Debra Jordan, Camis Miliam						
Other Considerations: Multi county involvement								
Next Steps: Form study group - copy of 1115 Waiver to members								

Bexar County Commissioners' Court Mental Health Consortium Implementation Planning Session

September 21, 2011, Vista Verde Building, 1:00pm - 4:00pm

Participants: Patsy Cheney, Aaron Diaz, Liza Jensen, Mike Lozito, Jeanie Paradise, Rose Rodriguez, Aurora Sanchez, Judge Polly Jackson Spencer, Sally Taylor, Judge Mike Ugarte

Facilitator: Mary Flanagan, Management Solutions Group, LLC



What will we accomplish by June 30, 2012?

<p>Focus on 5 critical clinical entry points/ pathways (Justice system: criminal and civil; ERs; Hospital discharges; Non-adherent population; High utilizer population) and develop ways to improve movement through systems and levels of care</p> <ul style="list-style-type: none"> • Written/ formalized policies & procedures for coordinated care • 24/7 clinical assessment (C-MAG) • Develop clinical pathways for moving patients through the system of care • Plan how CSU will interface with others (Crisis Services, CIT, ERs) • Coordination of care will require some centralized organization that has the ability/ responsibility to assist patients transitioning between levels of care • Protocol for referral between criminal and civil mental health system 	<ul style="list-style-type: none"> • Develop a structure & ID funding for a county guardianship program 	<p>Determine "right size" of clinical services needed for Bexar County</p> <ul style="list-style-type: none"> • Acute Care Center • Increase Crisis Center bed capacity & length of stay • Early intervention (call center approach) • Determine "right size" of clinical services for Bexar County & compare to current capacity/ access (adult/ child/ inpt/ outpt/ etc) • Determine funding for outpatient discharge clinic to be accessed by all facilities • Transportation/ case management 	<p>Educate providers on current MH system elements</p> <ul style="list-style-type: none"> • Develop training for law enforcement, clinical and community partners -- across silos -- a Mental Health Share Fair
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Implementation Worksheet

Strategic Issue:		Success Indicator/s (where):		What is our 2014 end point - outcome?									
Ensure a Coordinated System of Care		<ul style="list-style-type: none"> ▶ 3 Components: <ol style="list-style-type: none"> 1. Early intervention & education 2. Acute care 3. Outpatient ▶ Accessibility of outpatient psychiatric services within 7 days 		<ul style="list-style-type: none"> ▶ Increased jail diversion to crisis care ▶ Decreased ER & inpatient stays/visits ▶ Delivery of MH education & screening at schools in Bexar County ▶ Increased movement from specialized care to primary care 									
June 30, 2012 goal (what): What will we accomplish this year that will make the biggest difference? (SMART) <i>Focus on 5 critical clinical entry points/pathways (Justice system: criminal and civil (Aurora & Oscar Kazen); ERS; Hospitals, Hospital discharges (Liza); Outpatient/ crisis (Mark); Non-adherent population; High utilizer population; and develop ways to improve movement through systems and levels of care</i>		December 31, 2011 milestone: What will we accomplish by the end of 2011? Establish current path, gaps & needs		End date: 6/30/2012									
Intent (why): How does this fit in with our broader goals? Closes gaps of services													
Implementation (how): What must we do to make this happen?													
1. Learn about each system -- present on system of care				<table border="1"> <thead> <tr> <th>Person Accountable</th> <th>By When</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </tbody> </table>		Person Accountable	By When						
Person Accountable	By When												
2. Identify communication system													
3. Identify flow and procedures													
4. Common language of terms or flow													
Collaborators or Partners: Providers, PO, Jail, MAG, Judge Who are providers, CHCS, SASH, Hospitals		Team Members: Aaron Diaz, Mike Ugarte, Jeanie Paradise											
Other Considerations: Who gets consumer there: Civil vs. criminal; voluntary vs. involuntary													
Budget Needs: Location -- meeting coordination													

Implementation Worksheet

Strategic Issue:		Success Indicators/ (where): What is our 2014 end point - outcome?	
Ensure a Coordinated System of Care		<ul style="list-style-type: none"> ▶ 3 Components: <ol style="list-style-type: none"> 1. Early intervention & education 2. Acute care 3. Outpatient ▶ Accessibility of outpatient psychiatric services within 7 days 	<ul style="list-style-type: none"> ▶ Increased jail diversion to crisis care ▶ Decreased ER & inpatient stays/ visits ▶ Delivery of MH education & screening at schools in Bexar County ▶ Increased movement from specialized care to primary care
June 30, 2012 goal (what): What will we accomplish this year that will make the biggest difference? (SMART) <i>Develop a structure & ID funding for a county guardianship program</i>		December 31, 2011 milestone: <i>What will we accomplish by the end of 2011?</i> ???	
Intent (why): How does this fit in with our broader goals? <i>Critical need</i>		End date: 6/30/2012	
Implementation (how): What must we do to make this happen?			
1. ID funding possibilities & develop grant proposal		Person Accountable	By When
Collaborators or Partners:		Team Members:	
		Polly Jackson Spencer & persons she recruits	
Other Considerations:			
Next Steps:			

Implementation Worksheet

Strategic Issue:		Success Indicator/s (where): What is our 2014 end point - outcome?	
Ensure a Coordinated System of Care		<ul style="list-style-type: none"> ▶ 3 Components: <ol style="list-style-type: none"> 1. Early intervention & education 2. Acute care 3. Outpatient ▶ Accessibility of outpatient psychiatric services within 7 days 	<ul style="list-style-type: none"> ▶ Increased jail diversion to crisis care ▶ Decreased ER & inpatient stays/visits ▶ Delivery of MH education & screening at schools in Bexar County ▶ Increased movement from specialized care to primary care
June 30, 2012 goal (what): What will we accomplish this year that will make the biggest difference? (SMART) <i>Determine "right size" of clinical services needed for Bexar County</i>		December 31, 2011 milestone: What will we accomplish by the end of 2011? Data below is gathered & reviewed	
Intent (why): How does this fit in with our broader goals? Develop coordinated system of care		End date: 6/30/2012	
Implementation (how): What must we do to make this happen?		Person Accountable	By When
1. Obtain & review: cost/benefit ratios CHCS		Rose Rodriguez	
2. Consultation report from MHM		Liza Jensen	
3. Info from Gilbert Gonzales & Ann Meyers & Leon Evans re: pop data & projections		Rose Rodriguez Judge Spencer	
4. Demographic info		Liza Jensen	
5. Hogg Foundation presentation 7/11		Sally Taylor	
6. AHA re: hospital beds		Liza Jensen/ Rose Rodriguez	
7. Medical library research (UT/ Meth)			
8. Come to consensus on right size/ levels of care for Bexar Co.			6/30/12
Collaborators or Partners:		Team Members:	
Budget Needs: Statistician			
Next Steps: Obtain & review data on populations			

Implementation Worksheet

Strategic Issue:	Success Indicator/s (where): What is our 2014 end point - outcome?		
Ensure a Coordinated System of Care	<p>▶ 3 Components:</p> <ol style="list-style-type: none"> 1. Early intervention & education 2. Acute care 3. Outpatient <p>▶ Accessibility of outpatient psychiatric services within 7 days</p>	<p>▶ Increased jail diversion to crisis care</p> <p>▶ Decreased ER & inpatient stays/visits</p> <p>▶ Delivery of MH education & screening at schools in Bexar County</p> <p>▶ Increased movement from specialized care to primary care</p>	
June 30, 2012 goal (what): What will we accomplish this year that will make the biggest difference? (SMART) <i>Educate providers on current system elements</i>	December 31, 2011 milestone: What will we accomplish by the end of 2011? Set date & location for MH fair	End date: 6/30/2012	
Intent (why): How does this fit in with our broader goals? Assists in developing a coordinated system of care	Implementation (how): What must we do to make this happen?		
1. Develop list of presenters/ display booths for fair		Person Accountable	By When
2. ID sponsors for the Fair		Patsy	
3. Set location & date (universities/ churches/ city)		Mike	
4. Sign up presenters/ booths			
5. Explore CEUs			
6. Advertise			
Collaborators or Partners:	Team Members:		
Other Considerations:			
Next Steps:			